## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

11/5 018180

					100 0,0100							
		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS 20								RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 2				20 minus 20= 1		* //		X\$ 9≈		OR	X\$18=	
INDEPENDENT CLAIMS				nus 3 =	* 1			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								140		1	000	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	. 1	+140=		OR	+280=	27 (120)
								TOTAL	<u> </u>	OR	TOTAL	7410
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							1	SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X42=		OR	X84≈	-
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		]					
							L	+140=		OR	+280=	
							F	TOTAL ADDIT, FEE	L	OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	1	(Colur		(Column 3)	, .					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	1	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	<b>]</b>	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									- 1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+280= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADDIT. FEE												
		ber Previously Pai					er four	nd in the app	ropriate box	in coli	umn 1.	